

APPENDIX G
GENERIC ON-SITE QA CHECKLIST

Project Name/Contract No. _____

Audit Date (Start): _____ Audit Date (End): _____

CHECKPOINTS:

1. Review Scope of Work (DO/TO & WP)	YES	NO	N/A	COMMENTS
a. Objectives Clearly Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Check for Changes to WP & Up To Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Proper Depth of Clearance Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Proper Target Ordnance Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Detection & Target Depth(s) Specified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Exclusion Zone Identified in WP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Documentation Requirements	YES	NO	N/A	COMMENTS
a. Notice to Proceed from KO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Approval Letter for Work Plan/SSHP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Approval Letter, FAA (If Required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Certificate of Grounding, Lightning Protection (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Explosive Permits/License (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. GFE Transfer Documentation (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Approval Letter, Public/Personnel Withdraw Distance (e.g., 1 Frag in 600 sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Dig Permits for Utilities (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Current copy of the Work Plan on site. Review the new contract to determine if approval of the work plan is required. If not, then delete the requirement to have an approval letter on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. CEHNC QA Files Established	YES	NO	N/A	COMMENTS
a. Quality Assurance Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Approval Letter's (NTP, Personnel & WP/SSHP) for Contractor Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Weekly Contractor Reports SUXOS/QC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(if provided)				
4. Site-Specific Safety & Health Plan (SSHP)	YES	NO	N/A	COMMENTS
a. Emergency Notification List Posted & Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Emergency Routes/Maps Available & Issued to Each Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Work Task Identified in Hazard Analysis, Approved SSHP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. MSDS(s) On-Site Approved SSHP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Visitors/Safety Briefing Log Current and Updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. All Personnel On-Site in the Proper PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Minimum of Two Personnel On-Site First Aid/CPR Trained, EM 385-1-1, Section 3, Page 19, Paragraph 03.A.02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. 16-Unit First Aid Kits or Kits Approved by a Licensed Physician in the Ratio of one for every 25 persons or less. EM 385-1-1. Section 3, Page 19, Paragraph 03.A.03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Technical Management	YES	NO	N/A	COMMENTS
a. Procedures Established for the Discovery of RCWM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Procedures Developed for Discovery of MEC which cannot be destroyed in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Project Grid Size, Layout, Lane Width (e.g., 5' or Less) Established	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Established Procedures for Changed Site Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Organizational Chart current and indicates Assignment, Duties, Responsibilities to include Geophysical Teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Procedures for Reporting and Disposition of MPPEH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Procedures Established for Disposal of MEC in Populated/Sensitive Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Procedures Established for Managing, Reporting, Venting and Disposing of munitions debris and range-related debris.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Technical Management (Continued)	YES	NO	N/A	COMMENTS
i. Additional Task and Procedures being Followed (e.g., PAO, Community Relations, Weekly & Monthly Project Status Reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Procedures Established for Recording, Reporting and Implementing Lessons Learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Limitations Posed and Ability of Detection System(s) Chosen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Proper Use of Geophysical Detections Systems Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. Procedures Established for Disposal of MEC in non-populated/non-sensitive areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Facilities. Reference EM 385-1-1	YES	NO	N/A	COMMENTS
a. Adequate Work Space & Facilities (Restrooms, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Good Housekeeping (No Fire Hazards, Tripping Hazards, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Approved and Suitable Containers for Flammable Toxic or Explosive Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Approved/Adequate Explosive Storage Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Fire/Emergency Exits Clear & Unbarred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Personnel Limits Maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Site Security Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Toilets. EM 385-1-1, Section 2, Page 14, Paragraph 02.B Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Washing Facilities. EM 385-1-1, Section 2, Page 16, Paragraph 02.C Washing Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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7. Equipment, Reference Approved WP/Manufacture Operators Manual	YES	NO	N/A	COMMENTS
a. Tools Appropriate and Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Proper Personnel Protective Equipment (PPE) Present, Serviceable & Utilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Equipment Calibrated (Last Call Date _____ Next Call Date _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Survey Equipment Inspected & Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Heavy Equipment Inspected & Serviceable IAW EM 385-1-1, Section 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Are Equipped with at Least One Dry Chemical or CO2 Fire Extinguisher-Minimum rating of 5-BC – IAW EM 385-1-1, Section 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Two Separate Means of Communications, Radio(s) Cell Phone, Land Line(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Geophysical Equipment On-Hand & Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Explosive Storage Requirements. Reference EP 1110-1-18	YES	NO	N/A	COMMENTS
a. Proper Storage Containers Type 2 Magazines conforming to standards set forth in Section 55.206 of ATFP 5400.7, AFT Explosives Law and Regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Placards. Each magazine will display the placards required by Department of Transportation (DOT) regulations in accordance with DOD 6055.9-STD and Department of the Army Pamphlet (DA Pam) 385-64 for Hazard Division of MEC stored in the magazine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Explosive Compatibility Groups. Segregated into the appropriate hazard division/storage compatibility group criteria listed in Chapter 3, DOD 6055.9-STD.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Physical Security. Contractor shall conduct and document physical security survey. The survey is to determine if fencing or guards are required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Locks. Shall meet the standards listed in Section 55.208 (a) (4), ATFP 5400.7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. Explosive Storage Requirements. Reference EP 1110-1-18 (Cont'd)	YES	NO	N/A	COMMENTS
f. A key control system will be documented in the Work Plan, EP 1110-1-18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Lightning Protection. Magazine constructed of metal that has 3/16 inch steel or thicker in accordance with National Fire Protection Association (NFPA) 780.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Lightning Protection. Magazine grounded in accordance with NFPA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Lightning Protection. Magazine is located at least 6.5 feet from the nearest fence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Lightning Protection. BRAC, IRP, FUDS and Active Installation will meet the provisions of DOD 6055.9-STD. Army installations will also meet the provisions of DA Pam 385-64.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Fire Protection. Extinguishers of appropriate size (minimum 10 BC) and type will be located in all explosives storage facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Explosive Limits Maintained. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. Waiver. MACOM approval for storage of commercial of explosives on-site (if required).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Explosive Management Plan. Reference Approved WP/49 CFR	YES	NO	N/A	COMMENTS
a. Signature Authority On-Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Periodic Inventories Conducted On-Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Accountability Records Maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Lost/Stolen Reporting Procedures in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Final Disposition Procedures Documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Key Control/Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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10. Transportation of MEC. Reference EP 1110-11-18. Chapter 15/49 CFR	YES	NO	N/A	COMMENTS
a. Hazardous Waste Manifest (EPA Form 8700-22) (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Hazard Classification of MEC IAW TB 700-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Training of Transporting MEC IAW 49 CFR, Part 172 & State Applicable State Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Documented Organizational Responsibilities for Transportation of MEC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Approved Transportation Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Pre-operational checks of vehicles being conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. All operators licensed for vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Fire Fighting & First Aid Equipment on board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Cargo properly segregated/blocked and braced and in proper container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Proper DOT Placards/Fire Fighting Symbols Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. UXO Operational Plan, Reference Approved WP & EP 1110-1-18	YES	NO	N/A	COMMENTS
a. Contractor following methodology defined in WP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. SUXOS conducted physical check prior to sweep operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Daily Safety Meeting Conducted by SUXOS/SSHO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Geophysical Detection/Magnetometer Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Pre-Operational Checks Performed Prior to Sweep Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Operational Condition Annotated in Log Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. UXO Teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Quality Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Quality Assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. UXO Operational Plan, Reference Approved WP & EP 1110-1-18 (Cont'd)	YES	NO	N/A	COMMENTS
c. Operational Teams Operating IAW WP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. UXO Supervisor Conducted Physical Check Prior to Sweep Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Pre-Sweep Operational/Safety Brief Conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Individual Sweep Lanes/Transects Marked IAW WP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Contacts Marked & Investigated Properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Results of Sweep Operation Recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. All MEC, Inert Items & Scrap Examined by at Least Two UXO Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) AEDA (Range Residue) IAW PWS/SOW and Properly Addressed in WP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. All UXOs Clearly Marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. QC Operations IAW WP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Non-Munitions Debris Being Collected (as required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Munitions Debris Inspected/Vented/Segregated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Geophysical Test Grids Appropriate and IAW PWS/SOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Disposal Operations Planned On-Site IAW the Approved WP and 60A-1-1 31/1-1-22	YES	NO	N/A	COMMENTS
a. Disposal Method IAW WP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Adequate Security for Disposal Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Disposal Notification List Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. All Necessary Notifications Made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Movement of MEC Items, or is MEC Consolidation Feasible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Protective Measures/Tamping Being Used/Appropriate for MEC Being Destroyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Limits of the Exclusion Zone Established and are all Personnel Aware of Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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12. Disposal Operations Planned On-Site IAW the Approved WP and 60A-1-1 31/1-1-22 (Cont'd)	YES	NO	N/A	COMMENTS
h. Disposal Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Misfire Procedures Properly Performed (Electric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Misfire Procedures Properly Performed (Non-Electric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Location Survey & Mapping Plan. Reference Contract DIDs	YES	NO	N/A	COMMENTS
a. Professional Land Surveyor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Surveyors Received Safety Briefing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. UXO Escort Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Grid Stake, Locations Swept with Geophysical Equipment prior to Driving Stakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Survey Notes Being Recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Quality Control Plan. Reference PWS/SOW/DID(s)	YES	NO	N/A	COMMENTS
a. QC Operational/Checks Being Conducted IAW WP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. QC Grid/Transect Established IAW WP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Results of QC Checks Being Recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Pass/Fail Criteria Clearly Defined IAW PWS/SOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Vegetation Removal Reference WP/SSHP & OSHA Req.	YES	NO	N/A	COMMENTS
a. Vegetation Removal & Localized, if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Equipment Operation to Prevent Impact with Possible Surface UXO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Cutting does not Present Impalement Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. UXO Personnel Monitoring Cutting Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. UXO Discovered Marked/Handled Appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Equipment Being Operated Safely & IAW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Equipment Operators Manual/WP				
16. Munition Constituents (MC) Sampling and Analysis Plan, if required	YES	NO	N/A	COMMENTS
a. Key Personnel Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Quality Assurance Responsibilities Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Procedures for Collection of Samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Local Carrier Location Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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